DECLARATION AND POWER OF ATTORNEY

Atty. Dkt. No.: 4022-000009

DECLARATION

As a below named inventor, I hereby declare that:

My residence, mailing address and citizenship are as stated below next to my name,

I believe that I am an original, first, and joint inventor of the subject matter which is claimed and for which a patent is sought on the invention entitled:

		C	OMPOSITION FOR CLEAF	R BARRIER LAYERS			
th	e specifica	ation of v	vhich (check one)	•	•		
			is attached hereto.				
			or was filed on as a amended on (if appli		•	and wa	IS
	hereby sta	te that I	have reviewed and underst ng the claims, as amended	and the contents of th	e above	identifie	d_{i_1} . If i_1
de in	efined in formation	37 CFF which be	duty to disclose information § 1.56, including for conscame available between the international filing date of the	ntinuation-in-part app e filing date of the pri	lications, or applic	, materia ation an	al
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			PRIOR FOREIGN APP	PLICATION(S)			
	APPN. SE	ERIAL NO.	COUNTRY	DATE FILED (MM/DD/YYYY)	PRIORIT Yes	Y CLAIM No	

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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. § 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

POWER OF ATTORNEY

I hereby appoint each practitioner at Customer No. 27572 (*27572*) of Harness, Dickey & Pierce, P.L.C., my attorney with full power of substitution and revocation, to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith.

CORRESPONDENCE ADDRESS

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request the Patent and Trademark Office to direct all correspondence and telephone calls relative to this application to Customer No. 27572 (*27572*), Harness, Dickey & Pierce, P.L.C., P. O. Box 828, Bloomfield Hills, Michigan 48303 (248) 641-1600.

DECLARATION AND POWER OF ATTORNEY

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